

CLAIMS ONLY						Application Number 10/716597	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1		/					51					
2			/				52					
3				/			53					
4					/		54					
5						/	55					
6							56					
7			/				57					
8				/			58					
9					/		59					
10						/	60					
11							61					
12							62					
13							63					
14							64					
15							65					
16			/				66					
17				/			67					
18					/		68					
19						/	69					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		24				Total Indep					
Total Depend	15		102				Total Depend					
Total Claims	18		129				Total Claims					